



DEPARTMENT OF PERSONNEL SERVICES
COUNTY OF MAUI
APPLICATION SUPPLEMENT FOR
CLERK & CLERK-TYPIST

(PLEASE PRINT)

1. Name: _____
(Last) (First) (Middle)

2. Mailing Address: _____
(No. & Street or P. O. Box No.)

3. Place an "X" in the space of the examination(s) for which you are applying.

		For Civil Service use only. Do Not Mark in This Space	
		Accept	Reject
Clerk II	()		
Clerk III	()		
Clerk-Typist II	()		
Clerk-Typist III	()		

4. If you are a regular (permanent) employee of the County of Maui or State of Hawaii as a Typist or Stenographer, you will not be required to take the typing test. If this is applicable to you, please indicate the following

Your Job Title: _____

Do Not Write In Spaces Below	
RS:	_____
CS:	_____
VP:	_____
FS:	_____
Typing:	_____